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Travel Authorization

Prior Approval to Travel

(MUST be completed four (4) weeks prior to travel date)

PART I (to be completed by Traveler)

Name of Traveler or Name of "Group" _____

Groups (including students) - must have a roster attached

_____ Last Name

_____ First Name

Title: _____

Dept.: _____

Destination (City & State): _____

Departure Date: _____

Return Date: _____

For out-of-pocket reimbursement Travel Voucher is due in Accounting no later than 30 business days after return date. Reimbursements are not paid after this date.

Business Purpose:

Please know the new SUNY Doc #8952 International Travel with Students rules

Include name of association or organization sponsoring meeting, along with reason - use full name of organization, NOT initials:

Other Payment Methods to be used: (For departmental budgeting purposes ONLY. These expenses are NOT taken into consideration by AP when paying out below Trip Allowance)

Method	\$ Amount	Detail
<input type="checkbox"/> State Procurement Card	_____	Statement Date _____
<input type="checkbox"/> Purchase Order	_____	PO Number _____
<input type="checkbox"/> State Vehicle	_____	Est. Miles Driven _____

Estimated Travel Voucher Expenses (Travel/NET Card or Out-of-Pocket) to be submitted to Accounts Payable for payment:

Type of Expense	Amount	Per Diem Rate	Payment Method
Personal Vehicle Mileage (Was a Personal vs. Rental Comparison completed?)			<input type="checkbox"/> Travel Voucher Reimbursement
Common Carrier			<input type="checkbox"/> State Travel or NET Card <input type="checkbox"/> Travel Voucher Reimbursement
Vehicle Rental			<input type="checkbox"/> State Travel or NET Card <input type="checkbox"/> Travel Voucher Reimbursement
Lodging (Was an Over Per Diem Lodging Form Completed?)			<input type="checkbox"/> State Travel or NET Card <input type="checkbox"/> Travel Voucher Reimbursement
Meals			<input type="checkbox"/> State Travel or NET Card <input type="checkbox"/> Travel Voucher Reimbursement
Other			<input type="checkbox"/> State Travel or NET Card <input type="checkbox"/> Travel Voucher Reimbursement

Total Est. _____

Printed on: 2/14/2024

External Funding Sources:

FSA, College Foundation or SUNY Research funds used:

Yes No

If yes - Acct No.: _____

List any agency **other than** FSA, College Foundation, or SUNY Research:

Agency Name: _____

Internal Funding Sources:

Funding from State Account No.: _____

Funding from Additional State Account No.: _____

PART II (to be completed by Supervisor)

Actual Trip Allowance:

Check one:

Full Trip Allowance

Trip Allowance may not exceed:*

State Vehicle only

No Trip Allowance

*Amount does NOT include the cost of "Other Payment Methods" listed above, ONLY the amount to be charged to a Travel/NET card and/or reimbursed to the traveler.

By signing below, I grant approval for the above traveler to be working away from their Official Work Station during the period indicated. I furthermore grant the trip allowance as outlined by my selection above.

Supervisor Signature: _____

Date: _____

Funding Account Authorized Signature: _____

Date: _____

(if different from supervisor)

Part III (Additional Signatures as required)

Dean's Signature (required for travel over \$500.00): _____

Date: _____

VP/President's Signature (required for ALL foreign travel or any trip over \$2500.00): _____

Date: _____